

## **Application Information**

Application Type::

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 1643

CD-ROM or CD\_R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence Submission:: No

Computer Readable Form (CRF)?:: No

Title:: VASCULAR ENDOTHELIAL CELL GROWTH FACTOR

Regular

VARIANTS AND USES THEREOF

Attorney Docket Number:: 11669.0114US01

Request For Early Publication:: No

Request For Non-Publication:: No

Suggested Drawing Figure:: 0

Total Drawing Sheets:: 18

Small Entity:: No

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency:: No

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

**USA** 

Status::

Full Capacity

Given Name::

CUNNINGHAM

Middle Name::

Family Name::

**BRIAN** 

Name Suffix::

City of Residence::

SAN MATEO

State or Province of Residence::

**CALIFORNIA** 

Country of Residence:

**USA** 

Street of mailing address::

410 HILLCREST ROAD

City of mailing address::

SAN MATEO

State or Province of mailing address::

**CALIFORNIA** 

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 94402

# **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**NETHERLANDS** 

Status::

**Full Capacity** 

Given Name::

DE VOS

Middle Name::

M.

Family Name::

ABRAHAM-

Name Suffix::

City of Residence::

**OAKLAND** 

State or Province of Residence::

**CALIFORNIA** 

Country of Residence::

**USA** 

Street of mailing address::

1035 EAST 33RD STREET

Initial 09/546,857 04/10/00

City of mailing address::

OAKLAND

State or Province of mailing address::

**CALIFORNIA** 

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 94610

**Applicant Information** 

Applicant Authority Type::

Primary Citizenship Country::

**USA** 

Status::

**Full Capacity** 

Given Name::

LI

Middle Name::

Family Name::

BING

Name Suffix::

City of Residence::

**FOSTER CITY** 

State or Province of Residence::

CALIFORNIA

Country of Residence::

USA

Street of mailing address::

316 DOLPHIN ISLE

City of mailing address::

**FOSTER CITY** 

State or Province of mailing address::

CALIFORNIA

Country of mailing address::

USA

Postal or Zip Code of mailing address:: 94404

Correspondence Information

Correspondence Gustomer Number::

Representative Information

Representative Customer Number::

23552

## **Domestic Priority Information**

Application:: 09/546,857	Continuation Type::  Non-Provisional of	Parent Application:: 60/129,788	Parent Filing Date:: 04/16/99

## **Assignee Information**

Assignee Name::

GENENTECH, INC.

Street of mailing address::

1 DNA WAY

City of mailing address::

SOUTH SAN FRANCISCO

State or Province of mailing address::

CALIFORNIA

Country of mailing address::

USA

Postal or Zip Code of mailing address:: 94080-4990